UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region III – 6th & Walnut Sts.
Philadelphia, Pa. 19106

Hooker Chemical Co.
Salisbury Converting
SUBJECT: RCRA Inspection– MDD056497589 DATE: May 25, 1982

FROM: Harry J. Weber, Environmental Scientist
Superfund/RCRA Compliance Section (3AW23)

TO: File

Thru: Robert L. Collings
Chief, Water & RCRA Enforcement Section (3RC12)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS REQUIRED AT THIS TIME.

DHS Inspection Form
Generators/TSD Facilities

EPA ID Number	YR MO DY	TIME	TELEPHONE
MDD056499589	811124	0900	301-749-9344

Owner/Operator Hooker Chemical + Plastic Corporation Facility Name Hooker Chemical

Address Box 14, Goddard Parkway, Rt. 6 Salisbury, Maryland Zip 21801

Description of Work Activity Manufacture, coat, Print, and Laminate PVC Film

I. General (This must be completed for generators and TSD Facilities)

TRAINING & EQUIPMENT

1) Have facility personnel completed classroom/on-site training? ✓Yes, ___No. Lecture and Film training conducted 11/09/80.

2) Are records maintained of: YES Job titles/names of employees YES job descriptions, YES Type/amount of continuining training?

3) Does the facility have the following equipment? YES Internal communication/ alarm system for on-site personnel, YES device for summoning emergency assistance, YES adequate fire control equipment, water, & supression chemicals, YES list of aforementioned equipment. sprinkler system + Fire extinguisher

4) Does facility have adequate area for emergency movement? ✓Yes, ___No.

5) Does facility have contingency plan for:

YES Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil, & water?

YES Responding emergency units to provide assistance during emergency situations?

YES A list of emergency equipment needed to cope with situation?

6) Are emergency response coordinators listed by name, address, & phone number? ✓Yes, ___No. Not address

7) Is there an evacuation plan if recommeneded? ✓Yes, ___No.

8) Are emergency coordinators available on twenty-four hour basis? ✓Yes, ___No.

DHMH 3877

1) Is waste disposed of ___ on-site or ✓ off-site or ___ both?

Note: If stored on-site for more than 90 days Part III must also be completed.

2) Amount of waste(kilograms) 3350 Kg ↑ /month ___/year. (An avg. over 79, 79, 80)

approx 995 gal/month

3) Category of DHS, ✓ Ignitable, ___ Reactive, ___ Corrosive, ___ Toxic, ___ EP Toxic, ___ RCRA Listed.

4) Is the generator presently NO Treating, NO Storing, NO Disposing?

B. Manifest (10.51.03.04)

1) Is Maryland manifest system in operation for off-site shipment? ✓ Yes, ___ No.

2) Is TSD Facility to receive DHS identified by YES Name, YES Address, EPA ID Number YES?

3) Is alternate facility identified ___ Yes, ✓ No?

4) Is generator identified by YES Name, YES Address, YES Telephone number, YES MD/EPA ID Number?

5) Is each transporter identified by YES Name, YES EPA ID Number, ___ Maryland Certification Number? YES Vehicle Certification Number

6) Is waste properly described? ✓ Yes, ___ No.

7) Is quality of waste described by - Unit of Weight, - Volume? described in gallons (drums; 55 gal. utilized)

1) Facility Type

Treater:
- ___ Filtration
- ___ Thermal Treatment
- ___ Recycling/Recovery
- ___ Waste Oil
- ___ Chemical Treatment
- ___ Physical Treatment
- ___ Biological Treatment
- ___ Reprocessing
- ___ Solvent Recovery
- ___ Land Treatment
- ___ Other _____

Storer:
- ___ Open Pile
- ___ Surface Impoundment
- ___ Drum
- ___ Above Ground Tank(s)
- ___ Below Ground tanks
- ___ Other _____

Disposer:
- ___ Landfill Operation
- ___ Incineration
- ___ Surface Impoundment
- ___ Other _____

2) Does facility generate DHS? ___ Yes, ___ No

Note: If Yes then Part II must also be completed.

3) Does facility have waste analysis plan? ___ Yes, ___ No.

4) Can facility personnel identify DHS being handled? ___ Yes, ___ No.

5) Can facility personnel confirm that DHS received equal those on manifest form? ___ Yes, ___ No.

6) Is there a 24-Hour surveillance system to monitor and control entry to active portion of facility? ___ Yes, ___ No. If No, is there an artifical or natural boundary? ___ Yes, ___ No. Is there a means to control entry? ___ Yes, ___ No. Is there a restricted access sign posted? ___ Yes, ___ No.

7) Does facility have ___ emergency equipment inspection log, ___ written schedule for inspections, ___ security devices, operating & structural prevention equipment?

identified by ___Type,
___Number?

9) Is proper certification noted and signed by generator? ___Yes, ___No.

10) Are adequate copies available for operator, transporter and TSD?
___ Yes, ___No.

Generator C. Pre-Transport Requirements (10.52.03.05)

1) Is each container marked with date accumulation began? ✓ Yes, ___No.

2) Containers in good condition?
✓ Yes, ___No.

If no, explain ________________

____

3) Are containers properly labeled and/or placarded? ✓ Yes, ___No.

4) Does generator have emergency contingency plan? ✓ Yes, ___No.

____

Does the TSD facility have a written operating record which contains the following information:

1) ___ description & quantity of DHS received.

2) ___ method & date of DHS treatment, storage, or disposal.

3) ___ location & quantity of each DHS location in facility.

4) ___ detailed records & results of waste analysis & treatability tests performed.

5) ___ detailed operating summary reports.

6) ___ description of emergency incidents that required implementation of contingency plan.

7) ___ records & results of inspections of emergency equipment, TSD systems & Hazardous waste areas.

C. Special Permit Requirements

List any special Permit requirements that are not in full compliance.

____

____

____

Inspector's Name: W. Fortune

Title: Inspector : Waste Management Administration

Agency: Office of Environ Prog Waste Mgmt Admin

Location: 201 W Preston St Baltimore, Maryland

Date of Inspection: 11/24/81

Observations and Comments

Inspector	Co-Inspector
Name: W. Fatima	Name:
Title: Natural Resource Biologist	Title:
Date: 11/24/81	Date:
Phone: 301 - 383 - 6650	Phone:

Purpose of Inspection: ROUTINE routine/scheduled

complaint

other

Weather during inspection: overcast, temperature - upper 30's

Comments: The waste solvent drum storage area was inspected and the following was found: ① Nineteen (19) 55-gallon drums of waste solvents ② Drums are properly labelled, each exhibiting the starting accumulation date ③ No leakage or spillage was observed in the drum storage (waste solvent) area ④ The earliest starting accumulation date observed was 10/12/81a

An oil boom has been placed (replaced) at the outfal

OVER

of the roof drainage system (at the eastern most outfall).

The most recent off-site shipment (manifested) was conducted 10/13/81. →

Waste Solvent, NOS Flammable Methyl Ethyl Ketone Liquid	3630	gallons
	66	drums

EPA Waste Type D001 concentration 99.9% by

Hauler: Marisol, Inc.

Facility: Marisol, Inc. Middlesex, N.J.

Once a week, the precipitator plates of the electrostati precipitators are washed down with water containing a cleaner. The washwater is held in a 500 gallon wash tank to seperate. A soap/plasticizer oil - water emulsion is skimmed off and flows to the 5,000 gal. underground waste oil tank (other source of material entering this tank is water and lubricating oil from the calender). The remaining wastewater leads to the city sewer (it has been tested and determined suitable for the sanitary sewer). The waste oil tank is periodically pumped and hauled to American Recovery. The contents of the waste oil tank were discussed this date. The above will be discussed with Industrial Waste personnel of the Waste Management Administration and pertinent information relayed back to the above facility.

A copy of this report was left with Barry Seldomridge, Plant Engineer.

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

YR	MO	DY
[illegible]	[illegible]	[illegible]

DHS Inspection Form
Generators/TSD Facilities

TIME: [illegible]

EPA ID Number: [illegible]

TELEPHONE: 301-548-77[illegible]

Owner/Operator [illegible] Facility Name [illegible]

Address RT. 4, BX. 87, Goddard Parkway, Salisbury, MD Zip 21801

Description of Work Activity [illegible]

I. Generators 26.13

A. Description (10.51.03.01-.03)

1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? ✓ Yes, ____ No.
2) Has the facility obtained an EPA identification number? ✓ Yes, ____ No.
3) Describe the amount of waste generated. (day, week or month) [illegible]
4) Under which category is the waste(s)? ✓ Ignitable ____ Reactive ____ Corrosive ____ EP Toxic ✓ RCRA Listed

B. Manifest (10.51.03.04) 26.13

1) Is Maryland manifest system in operation for off-site shipment? ✓ Yes, ____ No.
2) Is TSD Facility to receive DHS identified by ✓ Name, ✓ Address, ✓ EPA ID Number?
3) Is alternate facility identified? ____ Yes, ✓ No.
4) Is generator identified by ✓ Name, ✓ Address, ✓ Telephone Number, ✓ MD/EPA ID Number?
5) Is each transporter identified by ✓ Name, ✓ EPA ID Number, ✓ Maryland Certification Number?
6) Is waste properly described? ✓ Yes, ____ No.
7) Is shipment date marked? ✓ Yes, ____ No.
8) Is quantity of waste described by ✓ Unit of Weight, ✓ Volume?
9) Are containers to be loaded identified by ✓ Type, ✓ Number?
10) Is proper certification noted and signed by generator? ✓ Yes, ____ No.
11) Are adequate copies available for operator, transporter and TSD? ✓ Yes, ____ No.

C. Pre-Transport Requirements (10.51.03.05) 26.13

1) Is each container marked with date accumulation began? ✓ Yes, ____ No. If yes, has any waste been stored over 90 days? ____ Yes, ✓ No. How much ____
2) Are containers in good condition? ✓ Yes, ____ No. If no, explain ____
3) Are containers properly labeled? ✓ Yes, ____ No.
4) Does generator have approved emergency contingency plan? ✓ Yes, ____ No.

D. Recordkeeping and Reporting (10.51.03.06) 26.13

1) Does the generator have: copies of all signed manifests from the previous three years? ✓ Yes, ____ No; copies of each Annual Report and Exception Report? ✓ Yes, ____ No.
2) Does the generator retain, for a period of three years, all wastes analyses? ____ Yes, ____ No.
3) Has the generator filed Exception Reports as required by 10.51.03.06 C? N/A Yes, ____ No.

II. Treatment, Storage, Disposal (TSD)

A. Site characterization (10.51.05.02)

1) Facility Type
   - ____ Thermal Treatment
   - ____ Recycling/Recovery
   - ____ Waste Oil
   - ____ Chemical Treatment
   - ____ Physical Treatment
   - ____ Open Pile
   - ____ Surface Impoundment
   - ____ Drums
   - ____ Above Ground Tank(s)
   - ____ Biological Treatment
   - ____ Land Treatment
   - ____ Incineration
   - ____ Landfill Operation
   - ____ Below Ground Tanks
   - ____ Other ____
2) Does facility generate DHS? ____ Yes, ____ No.
3) Does facility have waste analysis plan? ____ Yes, ____ No. If yes, are the procedures of that plan being followed? ____ Yes, ____ No.
4) Can facility personnel identify DHS being handled? ____ Yes, ____ No.
5) Can facility personnel confirm that DHS received equal those on manifest form? ____ Yes, ____ No.
6) Is there a 24-Hour surveillance system to monitor active portion of facility? ✓ Yes, ____ No. If No, is there an artificial or natural boundary? ✓ Yes, ____ No. Is there a means to control entry? ✓ Yes, ____ No. Is there a restricted access sign posted? ____ Yes, ____ No.
7) Does facility have: ✓ emergency equipment inspection log, ✓ written schedule for inspections, ✓ security devices, operating & structural prevention equipment?
8) Have facility personnel completed classroom/on-site training? ✓ Yes, ____ No. Are records maintained of: ✓ Job titles/names of employees ✓ job descriptions, ✓ Type/amount of continuing training?
9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ✓ Yes, ____ No.

B. Preparedness and Prevention (10.51.05.03) 26.13

1) Facility has the following equipment? ✓ Internal communication/alarm system for on-site personnel, ✓ device for summoning emergency assistance, ✓ adequate fire control equipment, water, & suppression chemicals, ✓ list of aforementioned equipment.
2) Does facility have adequate area for emergency movement? ✓ Yes, ____ No.

C. Contingency Plan and Emergency Procedures (10.51.05.04) 26.13

1) Does facility have an approved contingency plan for:
   ✓ Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water?
   ✓ Responding emergency units to provide assistance during emergency situations?
   ✓ A list of emergency equipment needed to cope with situation?
2) Are emergency response coordinators listed by name, address, & phone number? ✓ Yes, ____ No.
3) Is there an evacuation plan if recommended? ✓ Yes, ____ No.
4) Are emergency coordinators available on twenty-four hour basis? ✓ Yes, ____ No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

Facility has a written operating record which contains the following information:

1) ____ description & quantity of DHS received.
2) ____ method & date of DHS treatment, storage, or disposal.
3) ____ location & quantity at each DHS location in facility.
4) ____ detailed records & results of waste analysis & treatability tests performed.
5) ____ detailed operating summary reports.
6) ____ description of emergency incidents that required implementation of contingency plan.
7) ____ records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all manifests? ____ Yes, ____ No.

E. Groundwater Monitoring (10.51.05.06)

1) Has facility implemented a groundwater monitoring program? _____Yes, _____No, _____N/A.
2) Are samples from the groundwater monitoring system being analyzed according to the groundwater sampling and analyses plan? _____Yes, _____No.
3) Is this plan set up in accordance with 10.51.05.06 C? _____Yes, _____No.
4) Has groundwater quality assessment program been prepared? _____Yes, _____No.
5) Are proper groundwater sampling and analyses records kept? _____Yes, _____No.
6) Are the necessary reports on groundwater monitoring information being forwarded to the Secretary? _____Yes, _____No.
7) Do the reports match the facility records? _____Yes, _____No.

F. Closure, Post-closure, and Financial Requirement (10.51.05.07 & .08)

1) Does the facility have an approved closure plan that meets the financial requirements? _____Yes, _____No.
2) For surface impoundments, land treatment, and landfills, does the facility have an approved post-closure plan that meets the financial requirements? _____Yes, _____No.
3) Does facility maintain liability insurance? _____Yes, _____No.

G. Container Management (10.51.05.09)

1) Are all containers: (a)_____ in good condition, i.e., no signs of leakage, corrosion, or any other deterioration/deformation; (b)_____ lined or made of compatible material such that hazardous wastes placed into them will not result in reaction or corrosion; (c) _____sealed during storage.
2) Are storage areas for hazardous waste containers inspected by owner/operator at least once a week? _____Yes, _____No.
3) Is an inspection log maintained? _____Yes, _____No.
4) Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? _____Yes, _____No.
5) Are incompatible wastes placed in separate containers? _____Yes, _____No.
6) Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? _____Yes, _____No.

H. Tanks (10.51.05.10)

1) Are all tanks in good condition, i.e., no signs of leakage, corrosion, or any other deterioration: _____Yes, _____No.
2) Are uncovered tanks operated to ensure a minimum of two feet of freeboard? _____Yes, _____No.
   If not, is tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? _____Yes, _____No.
3) Are tanks with continuous inflow of hazardous waste equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)? _____Yes, _____No.
4) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into tank used for storage or treatment? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day? _____Yes, _____No.
7) Is the level of waste in the tank checked at least once each operating day? _____Yes, _____No.
8) Is (are) the tank(s) inspected weekly to detect corrosion or leaking of fixtures or seams? _____Yes, _____No.
9) Are the results of these inspections recorded in an inspection log or summary? _____Yes _____No.
10) Are ignitable or reactive wastes stored in tanks? _____Yes, _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
    b) Is waste stored or treated in such a way that it is protected from material or conditions which may cause the waste to ignite or react? _____Yes, _____No.
    c) Is owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NEPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code—1977"? _____Yes, _____No.

I. Surface Impoundments (10.51.05.11)

1) Is two feet of freeboard maintained in the surface impoundment? _____Yes, _____No.
2) Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity? _____Yes, _____No.
3) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treatment? _____Yes, _____No.
4) Is the freeboard level inspected daily? _____Yes, _____No.
5) Is the surface impoundment, including dikes and vegetation, inspected weekly to detect leaks, deterioration, or failures in the impoundment? _____Yes, _____No.
6) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
7) Are ignitable or reactive wastes stored in a surface impoundment? _____Yes, _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
    b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided? _____Yes, _____No.

J. Waste Pile (10.51.05.12)

1) Is wind dispersal of the pile controlled? _____Yes, _____No, _____Not Needed.
2) Are additions to the pile being analyzed prior to adding them to the pile? _____Yes, _____No.
3) Is hazardous waste leachate or runoff collected? _____Yes, _____No. Is the pile protected from precipitation and run-on? _____Yes, _____No.
4) Are ignitible or reactive wastes protected from materials or conditions that might cause it to ignite or react? _____Yes, _____No, _____N/A.
5) Are incompatible wastes hauled in a manner as to assure separation? _____Yes, _____No, _____N/A.

K. Land Treatment (10.51.05.13)

1) Will the use of land treatment result in the waste being less hazardous or non-hazardous? _____Yes, _____No.
2) Is run-on diverted away from the active portion of the facility? _____Yes, _____No. Is run-off from the active portion of the facility collected? _____Yes, _____No.
3) Has the proper waste analyses been peformed? _____Yes, _____No.
4) If food chain crops are to be grown on the active portion of the facility has the necessary documentation required been provided? _____Yes, _____No.
5) Has the owner/operator written and implemented an unsaturated zone monitoring plan? _____Yes, _____No.
6) Have the additional requirements for a closure and post-closure plan been addressed? _____Yes, _____No.
7) Are ignitable or reactive wastes immediately incorporated into the soil? _____Yes, _____No.
8) Are incompatible wastes hauled according to 10.51.05.131? _____Yes, _____No.

L. Landfills (10.51.05.14)

1) Is run-on diverted away from the facility's active portions? _____Yes, _____No.
2) Is run-off collected from the landfill's active portions? _____Yes, _____No.
3) Has a hazardous waste determination been made on the run-off? (Identification and Listing of Hazardous Waste) _____Yes, _____No.
4) Is the landfill managed so as to control wind dispersal? _____Yes, _____No.

5) Are the following items maintained in the operating record: _____on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? _____contents of each cell and approximate location of each hazardous waste type within the cell?

6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes: _____ is a leachate collection system available to remove leachate?, and _____is the liquid stabilized or treated physically or chemically prior to disposal?

7) Are empty containers crushed flat or shredded before burial in the landfill? _____Yes, _____No.

8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? _____Yes, __✓__No. If yes, describe containers on comments below.

9) Are ignitable or reactive wastes placed in a landfill? _____Yes, _____No. If yes: _____Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? _____Are incompatible wastes segregated in different landfill cells?

N/A

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following: N/A
_____heating value of the waste;
_____halogen content and sulfur in the waste;
_____concentrations of lead and mercury unless documented data is available which show these elements not to be present?

2) Are instruments related to combustion and emission control monitored at least every 15 minutes? _____Yes, _____No.

3) Is the stack plume observed visually at least hourly for color and opacity? _____Yes, _____No, _____N/A.

4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? _____Yes, _____No.

5) Is all of the above information documented in the facility's operating record? _____Yes, _____No.

N. Chemical, Physical and Biological Treatment (10.51.05.17)

1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? _____Yes, _____No.

2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) _____Yes, _____No.

3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? _____Yes, _____No.

4) Is this information recorded in the facility's operating record? _____Yes, _____No.

5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? _____Yes, _____No.

6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? _____Yes, _____No.

7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? _____Yes, _____No. N/A

8) Are the results of these inspections recorded in an inspection log or summary? _____Yes, __N/A__No.

9) Are ignitable or reactive wastes placed in a treatment process? _____Yes, _____No. If yes:
_____Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
_____Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?

10) Are incompatible wastes kept from being placed in the same treatment process or equipment? _____Yes, _____No.

O. Permit Requirements (10.51.07)

1) Does the facility have a DHS permit for its activity? _____Yes, __✓__No. N/A
If no, has the facility submitted an application for a DHS permit? _____Yes, __✓__No. N/A

2) List any special Permit requirements that are not in full compliance.

Comments: INSPECTION REVEALS THAT THIS COMPANY GENERATES M.E.K. W... (F005) AS: (1) WASTE INK/MEK MIXTURE PERIODICALLY REMOVED FROM PRESS... AND INVENTORY AND (2) SPENT SOLVENT (MEK) USED TO CLEAN PRESS CYLINDERS & STILL BOTTOMS FROM A M.E.K. RECYCLING UNIT UTILIZ... WITHIN THE PLANT. TOTAL CHS GENERATED IN 1988 = 118,536 LBS. - F... CURRENTLY FIVE (5) WASTE - (STILL BOTTOMS) DRUMS IN STORAGE; ALL 5 DRUMS LABELLED & DATED: 06-14-89 THRU 06-23-89. (6/23/89 - ...) TWO (2) SATELLITE ACCUMULATION DRUMS SITUATED ONE EACH TO EA... OF TWO PRESS ROOMS. SATELLITE DRUMS ARE MARKED TO IDENTIFY CONTENTS, BUT ARE CURRENTLY AFFIXED WITH OPEN FUNNELS. CHS INSPECTION LOG IS IN USE; MOST RECENT ENTRY IS: 06-24-89.

Inspector's Name: W. A. PRICE Title: REGIONAL INSPECTOR

Facility Location: RT. 11, BOX 37, GODDARD PKWY. SALISBURY, MD. 21801

Facility Rep. present during inspection: [signature] Title: [illegible]

Department of the Environment
Hazardous and Solid Waste Management Administration
2500 Broening Highway
Baltimore, Maryland 21224

Report of Observations

MDD056497589

Type of Inspection/Observations: CNS-GENERATOR Date 06/26/89

Facility Name: OCCIDENTAL CHEMICAL Co. - RT. 11, BX 32, SALISBURY, MD. 218

Remarks: - CONTINUED -

RECORD REVIEW REVEALS 1988 ANNUAL REPORT IS CURRENT; FOUR (4) OFF-SITE CNS SHIPMENTS THUS FAR IN 1989. MOST RECENT SHIPMENT ON 06-12-89; 5,000 GAL (T.T.) WASTE FLAMMABLE LIQ. UN 1993 - F005; TRANSPORTED BY OLDOVER CORP. (VAD049159436) TO OLDOVER CORP. (VAD098044 ON MD. MANIFEST # MDC-015619B. RECEIPT BY FACILITY: 06-16 MOST RECENT ANNUAL PERSONNEL TRAINING CONDUCTED 09-29-88.

CONTINGENCY PLAN REQUIRES UPDATING TO REFLECT NEW STATE CONTACT: MD. DEPT. OF ENVIRONMENT: 301-631-3386 (301-974-3551 (NIGHTS, WEEKENDS)

* CNS MANIFEST # MMT-0013852 - (UNIFORM MANIFEST) UTILIZED ON 03-08-89 DOES NOT REFLECT MD. STATE I.D FOR WASTE HAULER. (OLDOVER CORP.)

** NOTE: IN ACCORDANCE WITH THE REQUIREMENTS OF COMAR 26.13.03.05 E(3) A GENERATOR MAY ACCUMULATE AS MUCH AS 55 GAL. OF HAZ. WASTE (OR 1.0 QUART OF ACUTELY HAZ. WASTE) IN CONTAINERS AT OR NEAR ANY POINT OF GENERATION WHERE WASTES INITIALLY ACCUMULATE, WHICH IS UNDER THE CONTROL OF THE OPER OF THE PROCESS GENERATING THE WASTE PROVIDED THAT THE GENERATOR COMPLIES WITH COMAR 26.13.05.09-B-D. (GOOD CONTAIN COMPATIBLE WASTE/CONTAINER, SEALED CONTAINER EXCEPT WHEN ADDING OR REMOVING WASTES, etc).

** IN ACCORDANCE WITH COMAR 26.13.02.06 (26.13.02.06(C)(1)) RECYCLABLE MATERIALS STORED PRIOR TO RECYCLING (MEK INTENDED FOR RECYCLING) ARE REGULATED UNDER ALL PROVISIONS OF COMAR 26.13.01-.10, INCLUDING MARKING, DATING; MAXIMUM 90 DAY STORAGE (OR 180 DAY STORAGE IF TOTAL WASTE VOLUME IS LESS THAN 500 KGS.) CONTAINMENT STORAGE, etc.

COPIES OF MD. HAZARDOUS WASTE REGULATIONS: COMAR 26.13 ARE AVAILABLE FROM THE ADMINISTRATION; CONTACT 301-631-3343

Observer: William A. Price Person Interviewed: C. Liddy 6/26/89

MDE 111
REV. 1/11/88

301-631-3400
301-958-2221

Department of the Environment
Hazardous and Solid Waste Management Administration
201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

Type of Inspection/Observations: [illegible] Date [illegible]

Facility Name: [illegible]

Remarks: [illegible]

Observer: [illegible] Person Interviewed: [illegible]

MDE 111
REV. 1/11/88

Inspector: W. W. PRICE
Address: MDE - 2500 BROENING
BALTIMORE, MD. 21224
Telephone No: 301-631-3400

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

OCCIDENTAL CHEMICAL CORP. RT. 11, BX. 37
A. Handler Name B. Street (or other identifier)

GODDARD PKWY. SALISBURY, MARYLAND 21801 WICOMICO
C. City D. State E. Zip Code F. County Name

MFG. VINYL FILMS
G. Nature of Business; Identification of Operations: SIC Code(s)

MDD 056497589
H. EPA ID #

BARRY SELDOMRIDGE 301-548-7759
I. Handler Contact (Name and Phone Number)

II. GENERATOR COMPLIANCE

Comments

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following wastes?

(i) F001, F002, F004, or F005 ✓ Yes ___ No

(ii) F003 ___ Yes ✓ No

If an F003 vastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? N/A Yes ___ No

b. Source of the above: Form 8700-12 ✓; Part A ___; Part B ___; Biennial/Annual Reports ✓ other (specify) ✓ MANIFESTS

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent vastes, if such vastes were not identified by the facility previously. If you are concerned that F-solvent vastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identfying potentially

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below: _____

2. Dioxin wastes

a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 ___Yes ✓No
(ii) F028 ___Yes ✓No

[F-solvent BDAT standards are presented as Appendix B]

3. California Waste Identification

a. Does the facility handle any of the following wastes?

(i) D002 ___Yes ✓No
(ii) D004 - D011 ___Yes ✓No

b. Does the generator handle any hazardous wastes characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides? ___Yes ✓No

[California waste standards are presented as Appendix C]

c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code. ___Yes ✓No

d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]? ___Yes ✓No* N/A

e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes? ___Yes ✓No

If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste? ✓Yes ___No

*/ A potential violation is indicated

Inspector: PRICE
Date: 06-26-89

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:
MSDS Sheets.

f. Source of the above: Form 8700-12 ___; Part A ___; Part B ___; Biennial/Annual Report ✓; other (specify) ✓. MANIFESTS

4. First Third Waste Identification

a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:

NONE

b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes:

NONE

c. Are any of the soft-hammered wastes California wastes (see Appendix G)? N/A Yes ___ No

If yes, the wastes must meet BDAT standards prior to disposal.

d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? ___ Yes N/A No*

e. Source of the above: Form 8700-12 ___; Part A ___; Part B ___; Biennial/Annual Report ✓; other (specify) ✓. MANIFESTS

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? ___ Yes ✓ No

2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? N/A Yes ___ No*

*/ A potential violation is indicated

ID Number: IMD 036447307
Inspector: PRICE
Date: 06-26-89

Comments

3. F Solvents - -

   a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?
   ✓ Yes ___ No*

4. California Wastes

   a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]?
   ✓ Yes ___ No*

5. First Third Wastes

   a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]?
   N/A Yes ___ No*

   b. Does the facility handle K061 wastes?
   ___ Yes ✓ No

   If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories (≥15% Zn) [§268.7(a)] [§268.41(a)]?
   N/A Yes ___ No*

   c. Does the facility handle K101 or K102 wastes?
   ___ Yes ✓ No

   If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?
   N/A Yes ___ No*

   d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?
   ___ Yes ✓ No

*/ A potential violation is indicated

ID Number: MDD 056497569
Inspector: PRICE
Date: 06-26-89

Comments

C. Waste Analysis - -

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes ✓Yes ___No

(i) List wastes for which "applied knowledge" was used:
F005 — MEK - SOLVENT

b. TCLP ___Yes ✓No

(i) List wastes for which "TCLP" was used:
NONE

(ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP? ___Yes ___No

If yes, list: F005

NO SAMPLE ANALYSIS / DATA ON HAND.

c. Total waste analysis ___Yes ✓No

d. If files were retained, describe content and basis of applied knowledge determination:

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: NONE

Note which wastes were subjected to which tests:

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge)

-/ A potential violation is indicated

Inspector: PRICE
Date: 06-26-89

Comments

e. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(i) or §265.13(a)(3)(i)]?
N/A Yes ___ No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: F005

List those that did not exceed standards: _____

GENERATOR IS APPARENTLY ASSUMING THAT D WASTE(S) EXCEED TREATMENT STAND UPON GENERATION

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]
___ Yes* ✓ No

D. Management

1. Onsite management

a. Were restricted wastes managed onsite?
✓ Yes ___ No

If no, go to "2".

COMPANY OPERA A MEK RECYCL UNIT ON-SITE.

b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted?
___ Yes ✓ No

If yes, TSDF checklist must be completed.

2. Offsite Management

a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? * Yes ___ No*

(ii) Corresponding treatment standard?
___ Yes ___ No*

(iii) Manifest number? ___ Yes ___ No*

(iv) Waste analysis, if available?
___ Yes ___ No

* GENERATOR STA THAT NOTIFICATIO ARE SENT WITH MANIFESTED SHIPM HOWEVER NO COPIE ARE MAINTAINE BY GENERATOR.

GENERATOR HAS BLANK (ADDITIONAL) NOTIFICATION/CERTI FORMS FOR FUTURE USE WHICH REFL ALL INFORMATIO OUTLINED IN ITEM D 2.

*/ A potential violation is indicated

ID Number: MDD056997589
Inspector: PRICE
Date: 06-26-89

Comments

Identify offsite treatment facilities SPECTRON, OLDOVER Corp., M&M CHEMICAL

b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:

(i) EPA hazardous waste I.D. number? * ___Yes ___No*

(ii) Corresponding treatment standard? ___Yes ___No*

(iii) Manifest number ___Yes ___No*

(iii) Certification regarding waste and that it meets treatment standards? ___Yes ___No*

* NO completed COPIES AVAILABLE FOR INSPECTION.

Identify land disposal facilities receiving the BDAT certified wastes _____

c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]: N/A

(i) EPA Hazardous Waste Number? ___Yes ___No*

(ii) Corresponding Treatment Standards? ___Yes ___No*

(iii) All applicable prohibitions? ___Yes ___No*

(iv) The manifest number? ___Yes ___No*

(v) The date the vastes are subject to prohibitions? ___Yes ___No*

(vi) Does generator keep records of all notifications/certifications send to offsite facilities? ___Yes ___No*

*/ A potential violation is indicated

ID Number: MDD056497589
Inspector: PRICE
Date: 06-26-89

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b):

F005

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

NONE

d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of a notice that includes [268.7(a)(4)]:

The EPA Hazardous Waste Number? ___Yes N/A ___No*

Applicable prohibitions? ___Yes ___No*

The manifest number? ___Yes ___No*

Waste analysis data, where available? ___Yes ___No

(i) Do the generator's records indicate that any soft-hammer wastes are destined for disposed in a landfill or surface impoundment [§268.33(f)]? N/A Yes ___No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

N/A

(ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? N/A Yes ___No*

(iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? N/A Yes ___No*

(iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)] N/A Yes ___No*

*/ A potential violation is indicated

Comments

(v) Did the generator submit the demonstration to the receiving facility upon the intial shipment of the waste [§268.8(a)(3)-(a)(4)]? N/A Yes ___ No*

(vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]? N/A Yes ___ No*

E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days? ___ Yes ✓ No

If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]? ___ Yes ___ No*

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? ✓ Yes ___ No

If yes, list type of treatment unit and processes
MEK - DISTILLATION UNIT

If yes, TSDF checklist must be completed.

*/ A potential violation is indicated

F1890626WI.0171

RT. 11, BX. 51
SALISBURY, MD 2
MDD056497589

General

8	1. Is any restricted waste being diluted as as substitute for treatment?	Yes	(No)
8.7(c)(i)) 8.8(c)	2. Does the facility retain copies of notifications, certifications and demonstrations accompanying waste shipments as well as all waste analysis data?	Yes	(No)

Storage Facilities

8.50(c)	3. Does the facility store in tanks or containers restricted wastes exceeding treatment standards for longer than one year?	Yes	(No)
	If yes, can the facility prove that such storage was solely for the purpose of accumulating quantities which are necessary to facilitate proper recovery, treatment or disposal? N/A	Yes	No
8.50(a) 2)(i)	4. Are all containers labelled and dated?	(Yes)	No

Treatment Facilities *

8.7(b)	5. Has the facility revised its waste analysis plan to facilitate proper testing of wastes/waste extracts to identify status (i.e., restricted or non-restricted)?	Yes	(No)
8.7(b) 1)(2)(3)	6. Does the facility test its wastes in accordance with the waste analysis plan? NO PLAN	Yes	No
8.7(b)	7. Are the following performed as necessary:		
68.7(b)(1)	a. TCLP analysis of waste extract to determine compliance with applicable treatment standards?	Yes	(No) * N/A
68.7(b)(2)	b. Waste residue analysis for prohibitions?	Yes	(No) N/A
68.7(b)(3)	c. Waste residue analysis to determine compliance with applicable treatment standards?	Yes	(No) N/A
68.7(b)(4)	8. Does the facility send a notice with each waste shipment to the disposal facility that includes applicable treatment standards and waste analysis data?	Yes	No *

* COMPANY OPERATES AN EXEMPT UNIT: (ONE-DISTILLATION UNIT) NOTIFICATIONS & CERTIFICAT. ARE SENT TO DISPOSAL FACILITY INDICATING THA THE WASTES EXCEED TREATMENT STANDARDS; BASED UPON APPLIED KNOWLEDGE (MSDS) AND WASTE PROFILE CONDUCTED BY DISPOSER. GENE COMPANY HAD NO COPIES OF COMPLETED NOTIFICAT OR WASTE PROFILE (ANALYSIS) ON FILE FOR REVIEW

prior to treatment? Yes (No)

If yes, was the most stringent treatment standard for the constituent(s) used? Yes No

268.7(b)(5) 10. Does the facility submit a certification with each waste shipment to the disposal facility stating that the waste has received the proper treatment and is in compliance with applicable performance standards or prohibitions? Yes (No)

68.7(b)(6) 11. If the treatment facility ships the waste to another treatment/storage facility for further management, does it comply with the notice and certification requirements applicable to generators? (Yes)* No N/A

* ACCORDING TO COMPANY REPRESENTATIVES, HOWEVER NO COMPLETED NOTIFICATION / CERTIFICATION COPY KEPT ON SITE BY GENERATOR

12. Does the facility treat any soft hammer wastes? Yes (No)

If yes, answer the following:

68.8(c)(1) Is the treatment provided as described in the generators certification/demonstration? Yes No

68.8(c)(1) Did the facility certify it treated the soft hammer waste in accordance with the generators demonstration? Yes No

68.8(c)(2) Did the facility send a copy of the generator's certification/demonstration to the facility receiving the treated soft hammer waste? N/A Yes No

68.4(a)(1) 13. Is any restricted waste being treated in surface impoundments? Yes (No)

If yes, answer the following:

Describe treatment that is occurring in surface impoundment

_____

_____

_____

_____

requirements and the waste analysis plan [illegible]

268.4(a)(3)	15.	Have the minimum technology requirements been met (i.e., dual liners and leachate collection system?	Yes	No
		If no, has a waiver/exemption been granted?	Yes	No
268.4(a)(2)	16.	Are treatment residues (liquid and sludge) tested to determine if they meet applicable treatment standards/prohibition levels?	Yes	No
		If yes, how frequently? _____		
268.4(a)(2)	17.	Did the waste residue (liquid or sludge) exceed the treatment standard/prohibition level?	Yes	No
268.4(a)(2)(ii)		If yes, were these residues (liquid or sludge) removed on an annual basis?	Yes	No
268.4(a)(2)(iii)		If yes, were these residues placed in another surface impoundment?	Yes	No

Land Disposal Facilities

18. Does the facility:

	a.	Have an updated waste analysis plan?	Yes No
268.7(c)(2)	b.	Test the waste in accordance with its waste analysis plan to assure that it complies with applicable treatment standards and prohibitions?	Yes No
268.7(c)(2)	c.	Perform the appropriate tests (i.e., TCLP vs. total waste)?	Yes No

268.7(c)(3)	19.	Were restricted and/or prohibited wastes exceeding the applicable treatment standards or prohibition levels being placed in land disposal units?	Yes	No
268.5 268.6		If yes, were any of these wastes subject to a national capacity variance, a no migration petition or a case by case extension?	Yes	No
		Answer the following questions if the facility disposes of soft hammer wastes.		

.n)(2)
i)

20. Is the landfill receiving soft hammer waste in compliance with groundwater monitoring requirements and does it have at least two liners and a leachate collection system?

Yes N No N/A

.8( )(2)
ii)(iv)

21. Is the surface impoundment receiving soft hammer waste in compliance with groundwater monitoring requirements and does it have at least two liners and a leachate collection system?

Yes No N/A

WASTE REQUIRES TREATMENT PRIOR TO LAND DISPOSAL

Generator:_____ Profile #:_____

This notification is submitted to _____ in accordance with regulations effective November 8, 1986 to be promulgated at 40 CFR Section 268.7(a)(1). 40 CFR Section 268.7(a) requires the generator to test his waste or an extract developed using the Toxicity Characteristic Leaching Procedure (TCLP) described in Appendix I of Part 268 51 Federal Register 40,643, or using knowledge of the waste to determine if the waste is restricted from land disposal.

EPA Hazardous Waste No. F001, F002, F003, F004, and F005 are "restricted wastes" and banned from land disposal effective November 8, 1986, unless one or more of the following conditions apply: (1) the generator of the solvent waste is a small quantity generator, (2) the solvent waste is generated from response action taken under CERCLA or corrective action taken under RCRA, or (3) the solvent waste is a solvent-water mixture, solvent-containing sludge or solvent-contaminated soil (non-CERCLA or RCRA corrective action) containing less than 1% (10,000 ppm) total F001-F005 solvent constituents listed in Table CCWE of Section 268.41. (This Table is reprinted on the reverse side).

If a generator determines he is managing a restricted waste and the waste requires treatment prior to land disposal, for each shipment of such waste, the generator must notify the treatment facility in writing of the appropriate treatment standard. This notification must include the information to be provided below.

1. EPA Hazardous Waste Number_____
2. Waste Material Profile No. (if applicable)_____
3. Corresponding Treatment Standard (see REVERSE SIDE)
4. Manifest No. associated with this shipment of waste_____
5. Waste analysis data, where available (please attach)

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

PLEASE BE SURE TO CHECK THE APPROPRIATE BOX(ES) ON THE REVERSE SIDE BEFORE SIGNING.

_____

Signed (authorized representative of genertor) Title Date

Note: A copy of this Notice must accompany each manifested load as required by 40 CFR 268.7(a)(1).

INSTRUCTIONS: For each solvent waste constituent present in your waste shipment, check the appropriate box in front of the applicable treatment standards(s). If based upon best knowledge and information, your waste shipment may contain some or all of the solvent constituents listed below, please mark the appropriate box(es) or the box labeled "All of the above" at the bottom.*

Solvent Constituent	Treatment Standard (mg/l)			
	Wastewaters		All Other Wastes	
Acetone		0.05		0.59
n-Butyl Alcohol		5.0		5.0
Carbon Disulfide		1.05		4.81
Carbon Tetrachloride		0.05		0.96
Chlorobenzene		0.15		0.05
Cresols		2.82		0.75
Cresylic Acid		2.82		0.75
Cyclohexanone		0.125		0.75
1,2-Dichlorobenzene		0.65		0.125
Ethyl Acetate		0.05		0.75
Ethyl Benzene		0.05		0.053
Ethyl Ether		0.05		0.75
Isobutanol		5.0		5.0
Methanol		0.25		0.75
Methylene Chloride		0.20		0.96
Methylene Chloride (from pharmaceutical industry)		12.7		0.96
Methyl Ethyl Ketone		0.05		0.75
Methyl Isobutyl Ketone		0.05		0.33
Nitrobenzene		0.66		0.125
Pyridine		1.12		0.33
Tetrachloroethylene		0.079		0.05
Toluene		1.12		0.33
1,1,1-Trichloroethane		1.05		0.41
1,2,2-Trichloro-1,2,2-Trifluroethane		1.05		0.96
Trichloroethylene		0.062		0.091
Trichlorofluoromethane		0.05		0.96
Xylene		0.05		0.15
All of the above *				

* Please note that where a generator's determination of the appropriate treatment standard is based upon his knowledge of the waste, the generator must maintain in his operating record all supporting data used to make this determination. (See 51 Fed. Reg. at 40,597.)

DATE OF SHIPMENT _____

MANIFEST NUMBER _____

GENERATOR'S CERTIFICATION

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

_____ _____

Printed/Typed Name Signature

Company _____

Address _____

City, State, Zip Code _____